



# Water Compliance Inspection Report

## Section A: National Data System Coding (i.e. PCS)

Transaction Code		NPDES										yr/mo/day						Inspection Type		Inspector		Fac Type						
1	N	2	5	3	I	D	G	1	3	0	0	4	8	11	12	1	1	0	6	2	2	17	18	C	19	S	20	3
Remarks																												
21																												
66																												
Inspection Work Days				Facility Self-Monitoring Evaluation Rating												BI		QA		-----Reserved-----								
67	5	69	70	4	71	F	72	N	73		74		75					80										

## Section B: Facility Data

<p>Name and Location of Facility Inspected <i>(For industrial users discharging to POTW, also include POTW name and NPDES permit number)</i></p> <p>Hidden Springs Farm Ponds (Aquarius Aquaculture)</p> <p>2674 Norwood Road</p> <p>Hagerman, ID 83332</p>	<p>Entry Time/Date</p> <p>9:00 AM</p> <p>6/22/2011</p> <p>Exit Time/Date</p> <p>10:30 AM</p> <p>6/22/2011</p>	<p>Permit Effective Date</p> <p>12/1/2007</p> <p>Permit Expiration Date</p> <p>11/30/2012</p>
<p>Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Numbers</p> <p>David Huff</p> <p>Owner/Operator</p> <p>P: 208-837-9302</p> <p>F:</p>	<p>Other Facility Data (e.g., SIC, NAICS, and other descriptive information)</p> <p>SIC 0921</p> <p>NAICS 112511</p> <p>(minor)</p> <p>JK</p>	
<p>Name, Address of Responsible Official/Title/Phone and Fax Number</p> <p>David Huff</p> <p>2674 Norwood Road</p> <p>Hagerman, ID 83332</p> <p>P: 208-837-9302 F:</p>	<p>Contacted</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

## Section C: Areas Evaluated During Inspection (Check only those areas evaluated)


X	Permit	X	Self-Monitoring Program		Pretreatment		MS4
X	Records/Reports	X	Compliance Schedule		Pollution Prevention		
X	Facility Site Review	X	Laboratory		Storm Water		
X	Effluent/Receiving Waters	X	Operations & Maintenance		Combined Sewer Overflow		
	Flow Measurement		Sludge Handling/Disposal		Sanitary Sewer Overflow		

## Section D: Summary of Findings/Comments

*(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)*

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert C. Chorney	IDEQ-TFRO 208-736-2190	7/13/2011
	208-736-2194	
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date

ICIS.

7-20-201

YB

# INSTRUCTIONS

## Section A: National Data System Coding (i.e., PCS)

**Column 1: Transaction Code.** Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

**Columns 3-11: NPDES Permit No.** Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc. (Use the Remarks columns to record the State permit number, if necessary.)

**Columns 12-17: Inspection Date.** Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

**Column 18: Inspection Type\*.** Use one of the codes listed below to describe the type of inspection:

A	Performance Audit	U	IU Inspection with Pretreatment Audit	!	Pretreatment Compliance (Oversight)
B	Compliance Biomonitoring	X	Toxics Inspection	@	Follow-up (enforcement)
C	Compliance Evaluation (non-sampling)	Z	Sludge - Biosolids		
D	Diagnostic	#	Combined Sewer Overflow-Sampling	{	Storm Water-Construction-Sampling
F	Pretreatment (Follow-up)	\$	Combined Sewer Overflow-Non-Sampling	}	Storm Water-Construction-Non-Sampling
G	Pretreatment (Audit)	+	Sanitary Sewer Overflow-Sampling	:	Storm Water-Non-Construction-Sampling
I	Industrial User (IU) Inspection	&	Sanitary Sewer Overflow-Non-Sampling		
J	Complaints	\	CAFO-Sampling	~	Storm Water-Non-Construction-Non-Sampling
M	Multimedia	=	CAFO-Non-Sampling	<	Storm Water-MS4-Sampling
N	Spill	2	IU Sampling Inspection	-	Storm Water-MS4-Non-Sampling
O	Compliance Evaluation (Oversight)	3	IU Non-Sampling Inspection	>	Storm Water-MS4-Audit
P	Pretreatment Compliance Inspection	4	IU Toxics Inspection		
R	Reconnaissance	5	IU Sampling Inspection with Pretreatment		
S	Compliance Sampling	6	IU Non-Sampling Inspection with Pretreatment		
		7	IU Toxics with Pretreatment		

**Column 19: Inspector Code.** Use one of the codes listed below to describe the lead agency in the inspection.

A — State (Contractor)	Q — Other Inspectors, Federal/EPA (Specify in Remarks columns)
B — EPA (Contractor)	P — Other Inspectors, State (Specify in Remarks columns)
E — Corps of Engineers	R — EPA Regional Inspector
J — Joint EPA/State Inspectors—EPA Lead	S — State Inspector
L — Local Health Department (State)	T — Joint State/EPA Inspectors—State lead
N — NEIC Inspectors	

**Column 20: Facility Type.** Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

**Columns 21-66: Remarks.** These columns are reserved for remarks at the discretion of the Region.

**Columns 67-69: Inspection Work Days.** Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

**Column 70: Facility Evaluation Rating.** Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

**Column 71: Biomonitoring Information.** Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

**Column 72: Quality Assurance Data Inspection.** Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

**Columns 73-80:** These columns are reserved for regionally defined information.

## Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

## Section C: Areas Evaluated During Inspection



STATE OF IDAHO  
DEPARTMENT OF  
ENVIRONMENTAL QUALITY

*orig sent to  
JJ Brown, OCE-  
1/4/11*



1363 Fillmore Street • Twin Falls, Idaho 83301 • (208) 736-2190

C.L. "Butch" Otter, Governor  
Toni Hardesty, Director

July 13, 2011

Maria Lopez  
EPA - Idaho Operations Office  
1435 N. Orchard St.  
Boise, Idaho 83706



RE: NPDES Inspection – Hidden Springs Farm Ponds, IDG-130048

Dear Maria:

Our office conducted an NPDES inspection of Hidden Springs Farm Ponds, IDG-130048 on June 22, 2011. Owner/Operator David Huff was present for the inspection, and provided access to all records/documentation, as well as a walk-through of the facility. Enclosed please find the Inspection Report, Inspection Photo Log, and completed Form 3560.

At the time of inspection, the facilities appeared to be in substantial compliance with all permit conditions.

I would like to thank David for his time, effort, and cooperation in completion of this inspection.

If you have any questions, please do not hesitate to contact me at 736-2190.

Sincerely,

R. Chad Chorney  
Aquaculture Coordinator

RCC:gl

c: David Huff, Hidden Springs Farm Ponds, Hagerman w/ enc  
FILE: Hidden Springs Farm Ponds, IDG-130048 w/ enc  
  
ec: A.J. Maupin, P.E., DEQ-SO w/ enc





## Idaho Department of Environmental Quality

### AQUACULTURE FACILITY INSPECTION SURVEY

General NPDES Permit Numbers IDG-13XXXX

Effective: December 1, 2007 - November 30, 2012

<b>PURPOSE OF INSPECTION:</b>	Determination of compliance with NPDES permit and the Clean Water Act.
<b>TYPE OF INSPECTION:</b>	<input type="checkbox"/> Unannounced <input checked="" type="checkbox"/> Announced <input type="checkbox"/> CSI <input checked="" type="checkbox"/> CEI <input type="checkbox"/> Recon
<b>DATE(s) OF PREVIOUS NPDES INSPECTIONS:</b>	Date: 03/29/2006  Date: 04/28/2004
<b>PENDING OR CURRENT ENFORCEMENT ACTIONS:</b> (review NOV and warning letters on file)	None
<b>FACILITY NAME:</b>	Hidden Springs Farm Ponds (Aquarius Aquaculture)
<b>NPDES PERMIT #</b>	IDG-130048
<b>FACILITY CONTACT:</b>	Name: David Huff  Phone Number: 208-837-9032
<b>FACILITY SIZE</b> (annual fish production; affects frequency of monitoring requirements in parentheses) Confirm production and monitoring frequency during the inspection.	<input type="checkbox"/> > 500,000 (monthly) <input checked="" type="checkbox"/> 100,000 - 500,000 (quarterly) <input type="checkbox"/> < 100,000 (semi-annual) <input type="checkbox"/> Other (explain)
<b>INSPECTOR(s) AND AFFILIATION</b>	R. Chad Chorney Idaho Department of Environmental Quality Twin Falls Regional Office
<b>DATE OF INSPECTION:</b>	Date: 06/22/2011  Arrival Time: 09:00AM Departure Time: 10:30AM
<b>Photo of facility sign, if any, and facility</b>	
<b>DATE OF FINAL REPORT</b>	Date: 07/13/2011



## **ENTRY AND PERMIT CONDITIONS REVIEW**

X Present your credentials and provide a business card; explain the purpose of the inspection and how you plan to proceed.

<b>Interviewee Questions</b>	
1. Obtain representative's name, position, and phone number.	Name: David Huff  Position: Owner/Operator  Phone: 208-837-9032
2. How long has the representative worked for the company?	21 years
3. How long has he/she held the position?	21 years
4. Are there other representatives who should be present?	No
<b>NOI Review:</b> Show the interviewee the NOI, and ask him/her to review it for errors. If errors are found, ask him/her to correct the errors and initial the corrections. A new NOI should be submitted if several corrections are made.	
1. What is the date of the most recently submitted NOI?	04/16/2004
2. Is the NOI complete and current?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any structural changes been made to the facility recently?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Any structural changes anticipated? (Plan and Spec review required of IDEQ, if so; see page 47; Part VII.2.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>FACILITY LOCATION, ETC: (see NOI)</b>	Address: 2674 Norwood Road Hagerman, ID 83332  Phone: 208-837-9032 Fax: 208-837-9032
<b>OWNER NAME:</b>	Aquarius Aquaculture, David Huff



<b>OWNER ADDRESS:</b>	Address: 2674 Norwood Road Hagerman, ID 83332 Phone Number: 208-837-9032 Fax: 208-837-9032 E-mail:
<b>OPERATOR NAME:</b>	Same as above
<b>OPERATOR ADDRESS:</b>	Address: Same as above  Phone Number: Same as above Fax: Same as above E-mail: Same as above
<b>PERMIT TRANSFERS:</b> 1. Is this a new operator?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
According to VII. I. "Transfers. Authorization to discharge under this permit may be automatically transferred to a new permittee on the date specified in the agreement only if: 1. The current permittee notifies the Director of the Office of Water and Watersheds at least 30 days in advance of the proposed transfer date; 2. The notice includes a written agreement between the existing and new permittees containing a specific date for transfer of permit responsibility and liability between them; and 3. The Director does not notify the existing permittee and the new permittees of its intent to revoke and reissue the authorization to discharge.	
2. Was EPA and IDEQ notified in writing of the transfer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No
<b>LOCATION OF FACILITY:</b>	GPS taken at entrance to facility. Latitude: N 42° 49.268  Longitude: W 114° 52.169  Date: 06/22/2011  Time:  Count:

**AUTHORIZATION TO DISCHARGE**

1. Did you receive a letter authorizing you to discharge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. "Addressee" on the authorization to discharge letter:  3. Is this correct?	Name: Hidden Springs, Aquarius Aquaculture  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: name_____



4. Do you have a copy of the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the facility currently discharging?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Was the facility containing, growing or holding fish on December 1, 2007 (effective date of the permit)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. If not currently discharging, when do you expect to rear fish again at this facility?	<input checked="" type="checkbox"/> N/A Date:
8. Do you plan to participate in Pollutant Trading?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(We will add more questions later once pollutant trading starts to happen.)	
<b>PROHIBITED DISCHARGES, Part II.B., Page 29</b>	
Review the prohibited discharges 1 and 2 (a-h) with the interviewee. COMPLETE	
1. Have you had any such prohibited discharges that you know of since December 1, 2007?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Do you expect to have any difficulty prohibiting such discharges from this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Questions or Comments:	
<b>PROHIBITED PRACTICES, Part II.C., Pages 29-30</b>	
1. Review the prohibited practices 1 through 2 with the interviewee. COMPLETE	
2. Have you or any other employee engaged in any of these prohibited practices that you know of since December 1, 2007?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Do you expect to have any difficulty prohibiting such practices at this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Questions or Comments:

**FACILITY MONITORING, Part II.D., (see page 30-33)**

Ask to see the recent DMRs and raw data. Review to determine if the permittee is filling in the correct data (influent, effluent raw data, and effluent net). See page 30, II.D.2.b., for requirement when data are less than MDL.

According to II. D., "The permittee shall monitor discharges from all outfalls authorized under the permit as specified in Tables 12 and 13..." (see pages 30-33) For frequency requirements, see footnote 16 of Table 12, and footnote 29 of Table 13 for OLSBs)

1. When was the last monitoring event?

June 2011

2. Who conducted the monitoring?

David Huff

3. Is this the person who usually conducts the monitoring?

☒ Yes  
☐ No

3. What is the interval of discrete sampling for the composite sample? (permit requires four or more discrete samples taken at one-half hour intervals or greater in a 24 hour period.)

2 hour intervals

4. When sampling raceway discharge, is at least one sample taken during quiescent zone or raceway cleaning?

☒ Yes  
☐ No

If not, why not.

5 What type of sample are you taking for influent? (permittees with spring influents may elect to take grabs, page 32, footnote 17)

Grab

6. Who fills out the DMRs?

David Huff

7. When was the most recent DMR submitted to EPA and IDEQ?

March 2011 (quarterly)

8. How and where is flow measured for the raceways? Rectangular Weir/Staff Gauge at effluent discharge

And by whom? David Huff

Is this flow measurement method one of those specified in Appendix E. Part I.A., page 79?

☒ Yes  
☐ No



9. How is the flow measuring device calibrated? And by whom? Idaho Department of Water Resources	
10. How and where is flow measured for the offline settling basins?	N/A
And by whom?	N/A
11. Was net effluent load recorded on the DMR calculated correctly? (check a few DMRs; see Appendix D, page 75 for equations)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you aware of any recent violations of the permit limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What was the limit that was exceeded? N/A	
When was it? N/A	
13. Are the data reported properly on the DMR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Are DMR data consistent with analytical results?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>RECEIVING WATER MONITORING, Part II.E., (see pages 33-35)</b> According to II.C.1., "All permittees with OLSB that discharge directly to receiving water must conduct receiving water monitoring for ammonia, pH, and temperature upstream from the outfall." And 2., "All facilities using chelated copper compounds or copper sulfate must monitor total recoverable copper and hardness immediately upstream of the outfall at least once in any quarter when these compounds are applied..." Ask to see the QA plan which will describe where the samples are taken in the receiving stream.	
1. If the facility has an OLSB discharging to a receiving stream.... Are you monitoring receiving water for ammonia, pH, and temperature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
2. Are you monitoring receiving water for copper quarterly when you use it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
3. Are you submitting the results to EPA and IDEQ with the DMRs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A



**QUALITY ASSURANCE PLAN, Part II.F., (see page 35)**

According to II.F. "The permittee must develop a QA plan for all monitoring required by this permit. The plan must be developed and implemented within 60 days of coverage under this permit."

1. Do you have a QA plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. When did you submit the certification that a plan has been developed?	11/15/2001
According to II.F.3.a) the QA Plan must include: details on the number of samples, type of sample containers, preservation of samples including temperature requirements, holding times, analytical methods, analytical detection and quantification limits for each parameter, type and number of quality assurance field samples, precision and accuracy requirements, sample preparation requirements, sample shipping methods, and laboratory data delivery requirements.	
3. Does the plan include these details?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not, what is missing?	
According to II.F.3.a) the QA Plan must include: description of flow measuring devices or methods used to measure influent and/or effluent flow at each point, calibration procedures, and calculations used to convert to flow units. If a permittee's facility has multiple effluent discharge points and/or influent points, it must describe its method of compositing samples from all points proportionally to their respective flows.	
4. Does the plan include the flow measuring description?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the plan describe the method of compositing samples?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. If you elected to take grab samples of influents, does the plan provide evidence of insignificant variability among influent sources?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



7. Does the plan include a map(s) of sampling points?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Did you include in your QA plan the quality assurance and control for receiving water monitoring, including the sampling location rationale?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
9. Does the plan include qualifications and trainings of personnel? (David Huff is the only operator, and has over 20 years operation experience at facility. If new employees are ever hired, the plan should include training information)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
10. Does the plan include the laboratory name and telephone number?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Is facility following / using the QA Plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>BEST MANAGEMENT PRACTICES PLAN, Part III., (see page 36)</b> According to Part III.C. "the permittee must develop and implement a BMP Plan which meets the specific requirements listed in Part III.E.		
1. Do you have a BMP plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If not on site, is it in the possession of staff when they are working on-site?	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> No	
2. When did you submit the certification that a plan has been developed?	11/15/2001	
<b>The BMP plan must include the following BMPs: (see page 36)</b>		
1. Chemical Storage		
a. ensure proper storage to prevent spills,	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
b. implement procedures for proper containing, cleaning and disposing of spilled material. (No chemicals used at facility)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
2. Structural Maintenance		
a. routinely inspect rearing and holding units and waste collection		



containment to indentify and promptly repair damage,	X Yes <input type="checkbox"/> No
How often? Daily inspections of facility	
b. regularly conduct maintenance of rearing and holding units and waste collection and containment systems to ensure their proper function	X Yes <input type="checkbox"/> No
3. Training Requirements:	
a. Train personnel in spill prevention and clean-up and disposal of spilled materials.	X Yes <input type="checkbox"/> No
b. Train personnel on proper structural inspection and maintenance of rearing and holding units and waste collection and containment systems.	X Yes <input type="checkbox"/> No
4. Operational Requirements:	
a. Water which is disinfected with chlorine or other chemicals must be treated before it is discharged to waters of the U.S.	<input type="checkbox"/> Yes X N/A
b. Treatment equipment used to control the discharge of floating, suspended or submerged matter must be cleaned and maintained at a frequency sufficient to prevent overflow or bypass of the treatment unit by floating, suspended, or submerged matter.	X Yes <input type="checkbox"/> No
c. Procedures must be implemented to prevent fish from entering quiescent zones, full-flow and off-line settling basins. Fish which have entered quiescent zones or basins must be removed as soon as practicable.	X Yes <input type="checkbox"/> No
d. All drugs and pesticides must be used in accordance with applicable label directions (FIFRA or FDA)	<input type="checkbox"/> Yes X N/A
e. Chelated copper compounds and copper sulfate, when used, must be applied to only one raceway at a time.	<input type="checkbox"/> Yes X N/A
f. Identify and implement procedures to collect, store, and dispose of wastes, such as biological wastes, in accordance with IDAPA §02.04.17 and IDAPA §58.01.02. Such wastes include fish mortalities and other processing solid wastes from aquaculture.	X Yes <input type="checkbox"/> No
g. Implement procedures to control the release of transgenic or non-native fish or their diseases as specified in any permit(s) issued by the Idaho Department of Fish and Game for the importation, transportation, release or sale of such species, in accordance with IDAPA §13.01.10.100.	<input type="checkbox"/> Yes X N/A
h. Implement procedures to eliminate the release of PCBs from any known sources in the facility, including paint, caulk, or feed	<input type="checkbox"/> Yes X N/A
When was the BMP Plan last updated?	01/14/2010



<b>AQUACULTURE SPECIFIC REPORTING REQUIREMENTS, Part IV., Page 38</b>	
<b>A. Drug And Other Chemical Use And Reporting Requirements (see pages 38-39)</b>	
1. Do you use drugs, pesticides or other chemicals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>If yes, ask to see the Chemical Log Sheet. (see Appendix G, page 91)</b>	
1. Are records being maintained of all applications?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
2. When an INAD or extralabel drug is used for the first time, you are required to report this orally and in writing to EPA and IDEQ.  Have you used INADs or plan to use INADs or extralabel drugs? If so,... Have you written to EPA and IDEQ that you have signed up to use an INAD or prescription? (page 88)  Have you provided an oral report to EPA and IDEQ of an INAD or prescription use? (page 87)  Have you provided a written report to EPA and IDEQ of an INAD or prescription use? (page 89)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A  <input type="checkbox"/> Yes Date: _____ <input checked="" type="checkbox"/> N/A  <input type="checkbox"/> Yes Date: _____ <input checked="" type="checkbox"/> N/A  <input type="checkbox"/> Yes Date: _____ <input checked="" type="checkbox"/> N/A
<b>B. Structural Failure (see page 39)</b>	
Remind the interviewee of this new requirement: Failure or damage to the facility must be reported to EPA and IDEQ orally within 24 hours and in writing within five days when there is a resulting discharge of pollutants to waters of the U.S.	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. Spills of feed, drugs, pesticides or other chemicals (see page 39)</b>	
Remind the interviewee of this new requirement: The permittee must monitor and report to EPA and IDEQ any spills that result in a discharge to waters of the United States; these must be reported orally within 24 hours and in writing within five days.	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>D. Annual Report of Operations (see page 40)</b> Remind the interviewee of this requirement: The permittee must prepare and submit an annual report of operations by January 20 <sup>th</sup> of each year to EPA and IDEQ. (see Appendix H, page 95-96 for form)	Confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	01/17/2011
1. Did you submit the last report as required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the annual report complete? (Check the report against the required elements on pages 95-96.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Ask to see the annual logs of production. 3. Are the logs consistent with what is reported in the annual report?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was the facility able to provide all the required paper documentation requested?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>FACILITY PHYSICAL INSPECTION</b>  Objectives of the facility inspection include: identifying all discharges to the surface waters from the facility; observing and recording prohibited discharges or practices; and noting any problems. Many of these questions are subjective.	
1. Any excessive feed in the raceways?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Any excessive solids stirred up in raceways?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are all the barrier dam boards in place and level?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Any excessive solids built up in quiescent zones?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Any excessive solids going over the dam boards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Any fish observed in the quiescent zones?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<b>Photo (s)</b> of raceway(s) conditions above,	
<b>Discharges:</b>	
<b>Photo (s)</b> of raceway(s), tailrace, and/or full-flow settling basin discharges.	
Are there any unreported outfalls? (check observed against NOI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If so, describe:	
<b>Photo (s)</b> of receiving water(s), particularly documenting any of below:	
1. Any floating solids or visible foam in other than trace amounts?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Any evidence of discharged sludge, grit or accumulated solid residues?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Any floating, suspended or submerged matter, including dead fish, in amounts causing nuisance or objectionable condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Location of the receiving water monitoring.	<input checked="" type="checkbox"/> N/A
5. If the facility has an <b>OLSB(s)</b> , is it discharging?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
<b>Photo (s)</b> of OLSB discharges	



**Photo (s)** of receiving water(s), particularly documenting any of below:

1. Any floating solids or visible foam in other than trace amounts?

☐ Yes  
☒ No

2. Any evidence of discharged sludge, grit or accumulated solid residues?

☐ Yes  
☒ No

3. Any floating, suspended or submerged matter, including dead fish, in amounts causing nuisance or objectionable condition?

☐ Yes  
☒ No

**Flow Measurement Device:**

1. Were flow measurements taken during inspection?

☐ Yes  
☒ No

**Photo (s)** of taking flow measurement:

2. Location of flow measuring device for raceways:

☐ Influent Head Box  
☒ Raceway or Tailrace Effluent  
☐ Other \_\_\_\_\_

3. How are flow measurements taken?

☐ Across a dam board  
☒ Contracted rectangular weir  
☐ Other weir \_\_\_\_\_  
☐ Other \_\_\_\_\_

4. Location of flow measuring device for OLSBs:

☐ Effluent Box  
☐ Effluent Pipe  
☐ QZ cleaning time  
☒ N/A



5. How are flow measurements taken?	<input type="checkbox"/> Across a dam board <input type="checkbox"/> V-Notched weir <input type="checkbox"/> Other weir _____ <input checked="" type="checkbox"/> N/A
<b>Sampling:</b>	
1. Are influent sample locations adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Are effluent sample locations adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Are samples refrigerated / iced down after sampling?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Are samples iced down during transportation to contract Lab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Solids Containment and Storage</b>	
1. Is the solids disposal area adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Removed solids prevented from reentry to navigable waters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the facility land apply solids or irrigate with or apply wastewater?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Inspection Conclusion Data Sheet (ICDS) information</b>	
1. Did you observe deficiencies (potential violations) during the on-site inspection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If so, did you communicate them to the facility during the inspection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A



3. Did the facility or operator take any corrective actions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
4. Did you provide general compliance assistance during the inspections?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you provide site-specific compliance assistance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE:</b>	Please update the QA Plan to include a map of sampling points.



Photo Log for NPDES Inspection of Hidden Springs Farm Ponds  
IDG-130048

Conducted on 06/22/2011

R. Chad Chorney

DEQ – Twin Falls Regional Office

Photo 1: Influent water source (spring source coming into head of raceways; influent sampling point)





Photo 2: Full-flow settling pond



Photo 3: Effluent point (discharge into Billingsley Creek)





Photo 4: Full-flow settling pond (weir discharge measurement and effluent sampling point)



Photo 5: General view of facility



